

Coming of Age on the Margins: Mental Health and Wellbeing Among Latino Immigrant Young Adults Eligible for Deferred Action for Childhood Arrivals (DACA)

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Abstract Undocumented immigrant young adults growing up in the United States face significant challenges. For those qualified, the Deferred Action for Childhood Arrivals (DACA) program's protections may alleviate stressors, with implications for their mental health and wellbeing (MHWB). We conducted nine focus groups with 61 DACA-eligible Latinos (ages 18–31) in California to investigate their health needs. Participants reported MHWB as their greatest health concern and viewed DACA as beneficial through increasing access to opportunities and promoting belonging and peer support. Participants found that DACA also introduced unanticipated challenges, including greater adult responsibilities and a new precarious identity. Thus, immigration policies such as DACA may influence undocumented young adults' MHWB in expected and unexpected ways. Research into the impacts of policy changes on young immigrants' MHWB can guide stakeholders to better address this population's health needs. MHWB implications include the need to reduce fear of deportation and increase access to services.

Keywords Deferred Action for Childhood Arrivals (DACA) · Undocumented · Mental health · Well-being Latino · Immigrants · Young adults · Qualitative research

Introduction

The United States is home to approximately 11.4 million undocumented immigrants, half of whom are of Latino origin [1, 2]. Immigrants, regardless of legal status, face significant stress both during and following migration [3–5]. The immigration experience itself has been shown to threaten individual and family well-being due to separation from family, exposure to traumatic events, discrimination, and loss of social status [6]. While Latinos living in the US, whether native born, documented or undocumented immigrants face marginalization, socioeconomic challenges, and reduced social integration, the undocumented experience an even greater degree of stigma associated with their “illegal” status [3, 7–15]. Stressors are further magnified for undocumented immigrants who struggle even more for basic necessities, experience perpetual fear of deportation, and are often confined to the lowest-wage jobs [3, 7–12, 14, 16, 17].

Risks to mental health and wellbeing (MHWB) are magnified for undocumented young adults who must navigate these challenges, while simultaneously moving through the critical developmental period between adolescence and adulthood, normally a time marked by the development of self-reliance and increased legal and social responsibilities [18–22]. In contrast to their US citizen and legal resident peers, undocumented young adults' “illegal” status restricts access to structures of opportunity, obstructs societal integration, limits social support, and challenges their self-identity [23–25]. Limited research indicates that these destabilizing experiences can jeopardize these young

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Table 1 Original DACA eligibility criteria (June 2012)^a

At least 15 years old at time of application
Under age 31 as of June 15, 2012
Arrived in the United States prior to age 16
Physically present in the United States since at least June 15, 2012
Lived continuously in the United States for at least 5 years as of June 15, 2007
Currently attend school, earned a high school diploma or GED, or have been honorably discharged veteran of the United States military
No convictions for a felony, significant misdemeanor or three or more misdemeanors, and do not pose a threat to public safety or national security

^a President Obama issued a second executive order in November 2014 that expanded DACA eligibility by removing the upper age limit and broadening the dates of US presence. For the purposes of this study, the original DACA eligibility criteria from 2012 were used

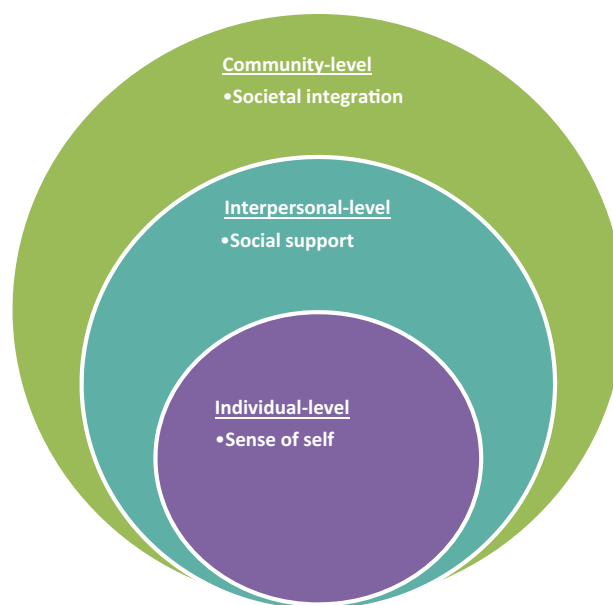
adults' MHWB, leading to depression and suicidal thoughts [14–16, 18, 25].

A transformative federal Executive Order, issued in June 2012, established the Deferred Action for Childhood Arrivals (DACA) [26], which allows an estimated 2.1 million undocumented children and young adults (see Table 1) to apply for legal work authorization and a 2-year deportation reprieve [27–29]. Given the previously-reported impacts of undocumented status on immigrants' MHWB, DACA provides new opportunities that may influence the MHWB of eligible young adults.

Few studies have investigated the MHWB of eligible undocumented young people, and none have done so within the context of the DACA program. Some prior research on DACA's short-term impacts indicates that it has increased young people's access to new opportunities and removed the fear of deportation [27–29]. However, these young adults remain constrained in their upward mobility and continue to lack sufficient access to health care [18, 28, 29]. As more undocumented young adults gain DACA status, additional information is needed regarding the potential influence of DACA on their MHWB.

The data presented here were obtained during the course of a parent study of the health needs of DACA-eligible Latino young adults [18]. During focus groups, MHWB emerged overwhelmingly as participants' primary health concern. Thus, this analysis further examines how participants perceive their MHWB needs and view the impact of the DACA program thereon. Our analysis is informed by the broader World Health Organization definition of mental health as not simply the absence of mental illness, but “a state of wellbeing in which every individual realizes his or her own potential” [30]. We further recognize that certain social support and resilience factors may be protective for this population's MHWB. Several studies documented that young undocumented immigrants demonstrate substantial resilience when facing obstacles, benefiting their MHWB [18, 24, 31, 32].

To organize our findings, we utilized the ecological framework, which proposes that the wellbeing of the

**Fig. 1** Ecological framework

individual is determined by interconnections of systems at multiple levels (Fig. 1) [33, 34]. Through this framework, we analyzed participant perceptions regarding the influence of DACA on community, interpersonal, and individual-level determinants of MHWB [33, 34].

Methods

Participants

In partnership with community-based organizations (CBOs), research staff, including two DACA-eligible interns, recruited DACA-eligible Latinos (age 18–31) residing in Los Angeles or the San Francisco Bay Area (Table 2) [18]. Recruitment at sites such as legal clinics, colleges, markets and churches, was supplemented by social media-based (Facebook) recruitment and phone and email outreach. While all participants reported meeting DACA-eligibility criteria,

Table 2 Characteristics of focus group participants

Total participants	61
Age, years $\pm$ SD	22.4 $\pm$ 3
Female	36 (59 %)
Latino	61 (100 %)
Country of origin	
Mexico	53 (87 %)
Other	8 (13 %)
Employment status	
Full-time or part-time	46 (75 %)
Self-employed	3 (5 %)
Unemployed	15 (25 %)
Income < 139 % federal poverty level	21 (43 %)
Student status	
Full-time	31 (51 %)
Part-time	12 (20 %)
Not a student	17 (28 %)
High school graduate	58 (95 %)
Military veteran	0 (0 %)
Activist for immigration reform	44 (72 %)
Insurance status	
Uninsured	32 (52 %)
Privately insured	24 (39 %)
Publically insured	5 (8 %)
Depressed in the past month	14 (23 %)

Source: This demographic data was drawn from the parent study: Raymond-Flesch et al. [18]

for participants' protection, researchers did not verify legal status. Study protocol, approved by the Institutional Review Board at the University of California, San Francisco, allowed for verbal informed consent to minimize risk.

Data Collection

Nine focus groups, conducted in English, with 61 participants (Group size: 4–12 participants, 7 on average), were held at CBOs in summer 2013. The decision to conduct groups in English was made in consultation with study advisors familiar with participants' language preference. Three experienced, bilingual, qualitative researchers, two of whom are Latina, facilitated the groups. Audio-recorded sessions lasted 60–90 min. Participants received a \$20 gift card, a meal, and a resource guide to immigrant-accessible services.

Measures and Analysis

Focus group questions included the impact of DACA on identity, health, and health care access (Appendix). Two primary coders developed a codebook of 22 codes (Table 3), incorporating the ecological framework and following

multiple rounds of transcript review. Coding involved content analyses guided by grounded theory, with codes drawn directly from participants' comments and from literature on immigrants' health experiences and human development [35]. Consistent with a consensual coding process [36], coding was iterative with frequent review of code use among the primary coders. Shared memos summarized ongoing findings and emerging sub-codes. Coders discussed disparities in coding until achieving consensus. A third team member and the study's senior author, acted as an "auditor" of the data and codebook, reviewing final codes. Coding was assisted by Dedoose, a web-based analysis program [37].

Results

We employed the levels of the ecological framework to organize key findings regarding participants' perceptions of the impacts of DACA on their MHWB (Fig. 1). At each level, we highlight participants' most salient views of DACA's influence, including societal integration (community-level), social support (interpersonal-level), and sense of self (individual-level).

Community-Level

Increased Societal Integration with DACA

Participants reported that DACA smoothed their integration into US society. Without DACA, participants explained how their lack of legal status restricted their full societal engagement, limiting their ability to apply to college, seek employment or obtain a driver's license. When comparing their situation to their peers, participants described feeling isolated, stressed, and some, suicidal. A female participant shared:

[I]t didn't hit me what it really meant to be undocumented until I got to College...that set me into a depression... there's still a lot of things I can't do, whereas I see a lot of my friends who take it for granted. It's hard to deal with sometimes.

In contrast, participants discussed how DACA status enabled their societal integration by providing them with increased access to resources, greater autonomy, and an improved sense of belonging. Access to a Social Security number, driver's license, and work permit allowed them to engage in normal travel and employment activities, which was beneficial for their MHWB: "I've been able to do more ...it helps your self-esteem and your confidence, and your mental health does get better."

Without DACA, participants reported significant stress, often living in survival mode, struggling to meet basic

Table 3 Selected illustrative codes and example quotes

Code with brief definition	Example quote
<i>Isolation</i> This code captures participants' real or perceived feelings and experiences of not belonging or being separated from others	"How am I supposed to exist in the world with this experience that's so much different than the majority of the US population?...I just feel like anxiety. I feel like I don't belong. I feel like I'm different." (SF1, M)
<i>Belonging</i> This code captures participants' feelings and experiences of being integrated into mainstream society related to DACA eligibility or status	"It helps you feel normal...It does help you feel like 'Oh, I'm now capable of doing the things that my peers have been doing.' Or I take advantage, like being able to get a job, being able to work, and being able [to]...drive and apply for the things that you couldn't before without something like a social security number. That's really a great help. It's like being able to have...that sense of normal, or at least for the time being." (LA5, M)
<i>Transition to adulthood</i> This code captures participants' experiences of moving from childhood to adulthood. This can include achievement of normal adolescent or young adult developmental milestones and experiences of impediments to achievement of those milestones	"[W]hen I wanted to apply to college, I had to apply to so many scholarships and I saw all these restrictions...So it was kind of like a mental instability for me during my senior year, with college...I was just really depressed, really unstable during my senior year all because I was undocumented and because I didn't have money." (LA4, F)
<i>Survival mode</i> This code captures participants' experiences of having to devote great amount of time, energy, or resources to meeting basic needs	"[Y]ou're trying to think about how to pay for school, how to pay rent. There's so many other stressors going through your mind ...You're just in survival mode." (OAK3, F)
<i>Resilience</i> This code captures participants' reports of personal skills, abilities, and experiences that promote success and allow effective coping	"I think one of the things though that's come out of this is, in general, we're all very self-sufficient people because we've had to navigate...I was pushed into the situation. So it's like I needed to find a way to progress pretty much on my own...in a sense, I feel more empowered, like I did it by myself." (LA3, F)
<i>External supports</i> This code captures sources of help outside of one's self that participants report drawing on, including supports at the family, community, and structural levels	"[T]hey were trying to organize a undocumented support group, and that's when I started to meet other students who were in the same situation. And we started talking about our experiences, being undocumented, and trying to access higher education, and so forth. And so, that was the first time that I actually felt like I could be myself and I could express myself and talk about what is it like to live here in the U.S., as an undocumented person." (SF1, M)

needs while juggling school, work and family responsibilities. Speaking of these challenges, a male participant shared: "[Y]ou're not only dealing with regular teenage problems, you're also being undocumented, having to work sometimes two jobs, going to school...It really affects mental health." With DACA, participants described feeling increased autonomy and hope for the future. One female participant explained: "[I]t has really helped my mental health, and I'm not stuck in a rut anymore. I just know what to do with my life."

Participants reported having gone to great lengths to hide their undocumented status due to constant fear of discovery and deportation. With DACA, they expressed an improved sense of comfort in disclosing their status. A male participant described how before DACA: "I built mechanisms to lie because that's what I thought I had to do. But now that I've come out, I can be more myself, who I really am." Without the need to hide their status, participants expressed feelings of belonging and normalcy; one reported:

I was like a fish out of the water, gasping for stuff. And then, DACA was announced. It was like someone threw me back in the river. I've been able to help my family financially...get back into school, and feel more normal.

Remaining Challenges to Societal Integration with DACA

Even with DACA, participants described ongoing limitations, with ramifications for their MHWB. While DACA increased access to employment-based health benefits for a few participants, the majority reported not being offered coverage. As they are also disqualified for coverage through the Affordable Care Act (ACA), many remained uninsured. Similarly, DACA did not expand access to federal financial aid, thus diminishing educational opportunities. A female participant described how ongoing restrictions impacted her: "I still can't really go to grad school because it's going to be really expensive and I can't get loans...It reminds you that you're not fully there."

Though participants credited DACA with providing relief, many felt that the trauma of growing up undocumented remained stressful. A male participant described how emotional challenges became engrained: “Your experiences with pre-DACA, of full-on undocumented life, that fear or paranoia...that’s still there. You’re still going to feel the residual of what that felt like.”

Interpersonal-Level

Greater Peer Support with DACA

Participants viewed DACA as altering their previously-available sources of support. Many reported limited social support and fractured family networks related to their undocumented status and inability to travel freely to visit family in their native countries. In contrast, they described how DACA expanded their support networks by providing the impetus to freely connect with peers with similar experiences for the first time. A female participant explained: “It’s always good for me to see that I’m not alone...I might have all of these anxieties and [be] depressed, but I’m not the only one.” The opportunity to process shared experiences with other young adults provided validation and much-needed support.

Increased Family Responsibilities with DACA

Participants described how DACA also influenced the nature of their relationships with their families, resulting in shouldering additional responsibilities. Many welcomed their increased ability to contribute resources to their families. A male participant expressed the relief brought by his options: “It impacts my life—being able to apply for a job and contribute money for rent or for bills, and not just having to see my dad work.” However, others felt overwhelmed by their added responsibilities, which added to their stress. A female participant described: “Everything’s more dependent on you just because you have this...Too much pressure, like what if I just crash? It’s like I’m ruined.”

Many participants also took on increased emotional responsibility for their undocumented parents and siblings who remained ineligible for the protections bestowed by DACA. This transfer of worry from their own survival to their families had mental health consequences. A male participant explained the shift in his anxiety:

I’m worried about my parents now...I’ve kind of become the parenting figure. It’s no longer about yourself...it’s more of a fear for what’s going to happen to my parents.

Individual-Level

Improved Sense of Self with DACA

At the individual level, participants noted that DACA influenced their self-image. Participants reported that before DACA, their undocumented status imposed a burden on their self-confidence. One male participant, speaking of his parents, expressed how “they instilled shame regarding [my] identity as an undocumented person....” In contrast, participants described how DACA status gave them a new sense of belonging that improved their self-esteem, impacting their MHWB. A female participant stated, “You don’t have to feel like, ‘I’m undocumented, I’m not supposed to be here’....You’re worth something, so now you can show it.”

DACA as a New Precarious Status

Participants reported that DACA, as a temporary status, also imposed a new precarious identity that proved stressful. One male participant described his feelings of uncertainty: “Yeah, we got DACA. But, it’s two years only...I only have one year [of protection from DACA] left and that’s it. I have to worry again.” Furthermore, a female participant explained how the uncertainty of DACA status left her with little confidence: “When I think about DACA, I also have these feelings that I’m kind of just passing, that I’m not really a citizen...you’re not really there yet.” Participants also spoke of their fear of having DACA taken away: “It also limits you...You have DACA, then you’re like ‘Crap, I can’t do anything to risk that. If I make one mistake...I’m screwed completely!’” Thus, despite DACA’s benefits, concern about its temporary nature provoked anxiety.

Discussion

While previous research has examined the mental health implications of undocumented status, this analysis is the first to shed light on the perceived influences of DACA on the MHWB of eligible Latino Immigrant young adults from their own perspective. Consistent with previous studies, our participants experienced substantial mental health challenges related to reduced societal integration and lower self-esteem while growing up undocumented [3, 24–26, 32, 38].

Our research is also consistent with findings of the limited studies to date regarding the impacts of DACA. These studies similarly found that increased access to societal structures is a major benefit of DACA status [15, 28, 29, 39]. Our findings further expand on this research by

showing how DACA-eligible young adults perceive increased societal integration as having protective effects on their MHWB by decreasing stress and encouraging greater autonomy. Thus, these results show that eligible young adults view DACA as having both beneficial and detrimental impacts on their MHWB.

A novel finding from our analysis was that participants perceived DACA as enabling them to connect with and experience social support from peers with similar life experiences, resulting in an improved sense of MHWB. The benefits of strong social support are aligned with existing literature which points to the positive effects of peer support for identity formation and wellbeing [6, 40].

Another unique finding related to the importance of social policy for individuals' MHWB was participants' recognition that beyond the tangible benefits provided, DACA status also helped reduce their shame about being undocumented. This finding suggests that DACA status provides a new, less-stigmatized way of defining themselves, providing a greater sense of legitimacy. This finding is similar to those of Abrego, who studied the impacts of AB540, a law allowing in-state tuition for undocumented students in California. The law allowed these youth to use a more socially-acceptable label as "AB540 students," replacing the more stigmatizing label of "undocumented" [41].

Despite the substantial benefits reported, DACA also has unintended negative mental health consequences, including the stress associated with increasing family responsibilities, shifting concerns about deportation risk from oneself to ineligible family members, and a new sense of precariousness as they move from the tenuous existence of being undocumented to their temporary DACA status. The precarious nature of undocumented status was described by Gonzales [24, 25]; our study suggests that while there are stabilizing benefits of DACA, recipients still perceive DACA as a precarious temporary status.

Important to investigate further is the resilience of undocumented Latino young adults [24, 31, 32]. While we have documented their profound capacity to overcome adversity in our prior work [18], this analysis further contributes to the resilience literature by showing how DACA facilitated supportive and meaningful connections to peers with shared experiences.

This study has several limitations. First, focus groups were held with Latino participants and results cannot be generalized to immigrants of different ethnic backgrounds. Second, we conducted focus groups primarily in English. Although this decision was informed by knowledgeable key informants and participants were free to use Spanish given the study's bilingual facilitators, this may have excluded recent immigrants, for whom groups held in Spanish would have been preferable. Third, we conducted our study in two relatively immigrant-friendly California

cities. DACA-eligible young adults living in less-welcoming communities may have different, perhaps more isolated experiences. Fourth, our approach to recruiting this hidden population was biased towards recruitment of students, college-educated young adults, and those connected to CBOs. This limits our study's generalizability to broader undocumented immigrant populations, and future studies should target harder-to-reach and less-privileged individuals who may experience substantial mental health needs, but have fewer resources to address them. Despite these limitations, the depth of MHWB issues that participants relayed is noteworthy.

Both the substantial MHWB needs described by participants and the limited research on DACA's impacts call for continued evaluation of the program's health implications and greater consideration of the multi-layered ways in which immigration policies may influence health. Specifically, our findings point to the unintended negative consequences of policy changes for target populations. One step towards averting such unintended impacts could involve encouraging governments to adopt a "health in all policies" approach to policy development that "emphasizes the consequences of public policies on health determinants, and aims to improve the accountability of policymakers for health impacts at all levels of policy-making" [42]. Inherent in this approach is the need to better understand the population for which policies are being designed.

Our findings also highlight the need for increased availability of and access to mental health services for DACA-eligible young adults. Our results suggest that such improved services should incorporate peer-led counseling resources, given the positive mental health effects of peer support described by participants. Similarly our findings suggest that, given their profound mental health needs, DACA recipients could benefit from better access to health insurance.

In conclusion, while DACA is a positive first step, it provides only a short-term policy solution to the challenges of our country's piecemeal immigration system. Immigration policy changes that are longer-lasting, for example, expanding the length of time that DACA eligible youth may reside lawfully in this country, or immigration policy reform, such as DAPA, announced by President Obama in November, 2014, but blocked by a number of states and currently under review by the Supreme Court [43], would likely provide more sustained benefits for the MHWB of young adults and their families. The policy implications of this research is that removing the residual fear, stigma, and uncertainty that the undocumented live with on a daily basis could play a substantial role in improving the mental health of nearly half of the country's 11.4 million undocumented immigrants. Further efforts by policymakers, providers and advocates to understand and address the MHWB needs of DACA-eligible youth immigrants and

their families can help assure that this young, ambitious population successfully pursues their goal to more fully participate in US society.

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Compliance with Ethical Standards

Conflict of interest None of the authors have conflicts of interest to disclose regarding this research. The study sponsor, Blue Shield Foundation of California, had one representative on the study's advisory board, but was not directly involved in data collection or analysis, nor required review of this manuscript.

Human and Animal Rights and Informed Consent All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study. This article does not contain any studies with animals performed by any of the authors.

Appendix: Focus Group Questions

1. What health problems do you think DACA-eligible young people face?
 - Probes: What health conditions do you think are particularly challenging for this group? How are health problems for young people like yourselves different from other young adults? Are stress or mental health issues something that DACA-eligible young people struggle with?
2. What decisions or actions affect the health of young adults like yourselves, who are eligible for DACA?

- Probes: In your experience, how easy is it for young adults like yourselves to maintain a healthy diet and lifestyle? Can you tell me about experiences with tobacco use among young adults like you? What about alcohol or other substances?
3. What do young adults like yourselves do when you need health care?
 - Probes: Where do you think that DACA-eligible young adults get health care? Do you, or other DACA-eligible young adults that you know, have a regular doctor? Are there particular programs in your area that give health care to immigrants without documentation? What is it like to get care in those places? What about mental health care access?
 4. What is it like for young people like yourselves to get health care?
 - Probes: What factors do young people like you consider when deciding whether to go the doctor? What barriers make it challenging for you to get medical care? Mental health care? Do you feel like your doctor understands you? Have you ever gone without seeing a doctor for a long time? If so, why?
 5. Have you heard of young adults who might be eligible for DACA not getting the health care that they need because it is too expensive? Can you tell me about that?
 - Probes: Have you heard of someone who might be DACA-eligible ever deciding to skip a doctor's appointment or not to have a test done because of cost? How much is "too expensive" for a doctor's visit? Is cost a barrier for mental health care as well?
 6. Do you think that having insurance is important to DACA-eligible young adults? Do you know what type of insurance they might have or how they find out about insurance and where they get it?
 - Probes: What might be some reasons that DACA-eligible young adults may not have health insurance? Have you or someone you know had a period of time in which they lost their insurance in the last few years? Why? How did that change the ways you or that person got health care? If you could design an insurance program for DACA-eligible young people what would you want it to look like? What services would you include in your health insurance?

Who would you trust to tell you about an insurance program like this?

7. If you were able to get health insurance under a public program, what would be the best way to reach out to you to enroll you in a health insurance program?
 - Probes: What types of information would you want to know about the program before you decided to enroll? Would you enroll? If so why or why not?
8. What specific types of health services do you think are most needed or most in-demand by DACA-eligible young adults?
 - Probes: How about general primary care services? Reproductive health care services? Dental care services? Stress can be a very challenging thing for young adults to manage. Do you know young adults like yourselves who have used mental health services like therapists to manage stress? Where do DACA-eligible young adults get these different types of care?
9. Are there any medical services that are hard for young adults like yourselves to find or access?
 - Probes: What are these services? What makes them hard to access? Are there things that have made it particularly difficult for young adults like yourselves to get mental health care?
10. What other barriers exist that might prevent DACA-eligible young adults from seeking care? For example, concerns about their citizenship status? Stigma?
 - Probes: Since the DACA program went into effect last year, has this concern changed among your friends or family members who are your age?
11. What do you think DACA has done for you? Have you had any increased stress or responsibility because of DACA?
12. Do you have any other thoughts that you would like to share with us about health or health care needs of young adults like yourselves?

References

1. Krogstad JM, Passel JS. 5 facts about illegal immigration in the U.S. Pew Research Center. 2015. <http://www.pewresearch.org/fact-tank/2015/07/24/5-facts-about-illegal-immigration-in-the-u-s/>.
2. Hill L, Hayes J. Undocumented Immigrants. Public Policy Institute of California. 2013. http://www.ppic.org/main/publication_show.asp?i=818.
3. Sullivan MM, Rehm R. Mental health of undocumented Mexican immigrants: a review of the literature. *Adv Nurs Sci*. 2005;28(3):240–51.
4. Hovey JD, King CA. Acculturative stress, depression, and suicidal ideation among immigrant and second-generation Latino adolescents. *J Am Acad Child Adolesc Psychiatry*. 1996;35(9):1183–92.
5. Crocker R. Emotional testimonies: an ethnographic study of emotional suffering related to migration from Mexico to Arizona. *Front Public Health*. 2015;3:177.
6. Potochnick SR, Perreira KM. Depression and anxiety among first-generation immigrant Latino youth. *J Nerv Ment Dis*. 2010;198(7):470–7.
7. Hacker K, et al. The impact of immigration and customs enforcement on immigrant health: perceptions of immigrants in Everett, Massachusetts, USA. *Soc Sci Med*. 2011;73(4):586–94.
8. Abrego LJ, Gonzales RG. Blocked paths, uncertain futures: the postsecondary education and labor market prospects of undocumented Latino youth. *J Educ Stud Placed Risk*. 2010;15(1–2):144–57.
9. Terriquez V. Dreams delayed: barriers to degree completion among undocumented latino community college students. *J Ethnic Migr Stud*. 2014. doi:[10.1080/1369183X.2014.968534](https://doi.org/10.1080/1369183X.2014.968534).
10. Gleeson S, Gonzales RG. When do papers matter? An institutional analysis of undocumented life in the United States. *Int Migr*. 2012;50(4):1–19.
11. Organista KC. Solving Latino psychosocial and health problems: theory, practice, and populations. Hoboken: Wiley; 2007.
12. Standish K, et al. Household density among undocumented Mexican immigrants in New York City. *J Immigr Minor Health*. 2010;12(3):310–8.
13. Chavez LR. Undocumented immigrants and their use of medical services in Orange County, California. *Soc Sci Med*. 2012;74(6):887–93.
14. Perez C, Fortuna L. Psychological stressors, psychiatric diagnoses and utilization of mental health services among undocumented immigrant Latinos. *J Immigr Refugee Serv*. 2005;3(1–2):107–23.
15. Menjivar C. Liminal legality: Salvadoran and Guatemalan immigrants' lives in the United States. *Am J Sociol*. 2006;111(4):999–1037.
16. Stacciarini JM, et al. *I didn't ask to come to this country...I was a child: the mental health implications of growing up undocumented*. *J Immigr Minor Health*. 2014;. doi:[10.1007/s10903-014-0063-2](https://doi.org/10.1007/s10903-014-0063-2).
17. Brindis CD, et al. Realizing the dream for californians eligible for Deferred Action for Childhood Arrivals (DACA): demographics and health coverage. UC Berkeley Center for Labor Research and Education. 2014. <http://laborcenter.berkeley.edu/realizing-the-dream-for-californians-eligible-for-deferred-action-for-childhood-arrivals-daca-demographics-and-health-coverage/>.
18. Raymond-Flesch M, et al. “There is no help out there and if there is, it's really hard to find”: a qualitative study of the health concerns and health care access of latino “DREAMers”. *J Adolesc Health*. 2014;55(3):323–8.
19. Park MJ, et al. Adolescent and young adult health in the United States in the past decade: little improvement and young adults remain worse off than adolescents. *J Adolesc Health*. 2014;55(1):3–16.
20. Setterson RA, Furstenburg FJ, Rumbaut R, editors. On the frontier of adulthood: theory, research, and public policy. Chicago: University of Chicago Press; 2005.
21. Arnett JJ, Tanner JT. Emerging adults in America: coming of age in the 21st century. Washington: American Psychological Association; 2006.
22. Abrego LJ. I can't go to college because I don't have papers: incorporation patterns of Latino undocumented youth. *Latino Stud*. 2006;4(3):212–31.

23. Abrego LJ. Legal consciousness of undocumented Latinos: fear and stigma as barriers to claims-making for first- and 1.5-generation immigrants. *Law Soc Rev.* 2011;45(2):337–70.
24. Gonzales RG. Learning to be illegal: undocumented youth and shifting legal contexts in the transition to adulthood. *Am Sociol Rev.* 2011;76(4):602–19.
25. Gonzales RG, et al. No place to belong: contextualizing concepts of mental health among undocumented immigrant youth in the United States. *Am Behav Sci.* 2013;57(8):1174–99.
26. U.S. Citizenship and Immigration Services (USCIS). Consideration of Deferred Action for Childhood Arrivals (DACA). 2015. <http://www.uscis.gov/humanitarian/consideration-deferred-action-childhood-arrivals-daca>.
27. Batalova J, et al. DACA at the two year mark: a national and state profile of youth eligible and applying for deferred action. Migration Policy Institute. 2014. <http://www.migrationpolicy.org/research/daca-two-year-mark-national-and-state-profile-youth-eligible-and-applying-deferred-action>.
28. Gonzales RG, Bautista-Chavez AM. Two Years and Counting: Assessing the Growing Power of DACA. American Immigration Council. 2014. http://www.immigrationpolicy.org/sites/default/files/docs/two_years_and_counting_assessing_the_growing_power_of_daca_final.pdf.
29. Gonzales RG, et al. Becoming DACAmended: assessing the short-term benefits of deferred action for childhood arrivals (DACA). *Am Behav Sci.* 2014;58(14):1852–72.
30. World Health Organization. *Strengthening mental health promotion*. Geneva, World Health Organization (Fact sheet no. 220), 2001.
31. Perez Huber L, Malagon MC. Silenced struggles: the experiences of Latina and Latino undocumented college students in California. *Nev Law J.* 2007;7:841–61.
32. Perez W, et al. Academic resilience among undocumented Latino students. *Hispanic J Behav Sci.* 2009;31(2):149–81.
33. Bronfenbrenner U. The ecology of human development. Cambridge: Harvard Press; 1979.
34. McLeroy KR, Steckler A, Bibeau D. The social ecology of health promotion interventions. *Health Educ Q.* 1998;15(4):351–77.
35. Strauss A, Corbin J. Basics of qualitative research: techniques and procedures for developing grounded theory. 2nd ed. Thousand Oaks: Sage; 1998.
36. Hill CE, Knox S, Thompson BJ, Williams EN, Hess SA, Ladany N. Consensual qualitative research: an update. *J Couns Psychol.* 2005;52(2):196–205. doi:10.1037/0022-0167.52.2.196.
37. Dedoose Version 5.0.11, web application for managing, analyzing, and presenting qualitative and mixed method research data. Los Angeles, CA: SocioCultural Research Consultants, LLC. 2014. www.dedoose.com.
38. Suárez-Orozco C, et al. Growing up in the shadows: the developmental implications of unauthorized status. *Harvard Educ Rev.* 2011;81(3):438–72.
39. Martinez LM. Dreams deferred: the impact of legal reforms on undocumented Latino youth. *Am Behav Sci.* 2014;58(14):1873–90.
40. Ellis LM, Chen EC. Negotiating identity development among undocumented immigrant college students: a grounded theory study. *J Couns Psychol.* 2013;60(2):251–64.
41. Abrego LJ. Legitimacy, social identity, and the mobilization of law: the effects of Assembly Bill 540 on undocumented students in California. *Law Soc Inq.* 2008;33(3):709–34.
42. World Health Organization. Framework and statement: consultation on the drafts of the “Health in All Policies Framework for Country Action” for the Conference Statement of 8th Global Conference on Health Promotion. 2013. <http://www.healthpromotion2013.org/conference-programme/framework-and-statement>.
43. US Citizenship and Immigration Services, Department of Homeland Security: Executive Actions on Immigration: President Obama’s Executive Actions on Deferred Action for Childhood Arrivals (DACA) and Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA), November 20, 2014. <http://www.uscis.gov/immigrationaction>.